Print Form

DEPARTMENT OF HEALTH AND HOSPITALS
Public Health

LEERS

Louisiana Electronic Event Registration System

ADMINISTRATIVE

For Vital Records Use Only

Date Received: __ / __ / ____

Date Created: __ / __ / ____

User ID: _____

USER ID REQUEST FORM

INDUCED TERMINATION OF PREGNANCY (ITOP) MODULE

All Fields are required to complete Registration

SECTION 1 - USER INFORMATION

Last Name:	First Name:	Middle:
Job Title:		
Phone:	Extension:	Email:*

User Is: Check certifier if this user is authorized to certify records: ☐ CERTIFIER

- ☐ ITOP CLINIC MANAGER
- ☐ ITOP CLERK
- ☐ NURSE
- ☐ OTHER (Specify Below):
- ☐ DEPUTY LOCAL REGISTRAR

User's NPI or if none, State License Number (Physicians Only):

**** This email will be used to send password information, Personal Identification Number (PIN) (where relevant) and other LEERS related communication to the user named in Section I.***

Facility #1 Name:

Type of Facility (e.g. Hospital, Parish Health Unit, Clerk of Court, etc.

Street Address:

Parish | City/Town: | Zip Code

Facility #2 Name:

Type of Facility (e.g. Hospital, Parish Health Unit, Clerk of Court, etc.

Street Address:

Parish | City/Town: | Zip Code

SECTION 3 - USER AGREEMENT

The undersigned understands and agrees that use of this system falls under the Department of Health and Hospitals (DHH). The undersigned also agrees to abide by the User Agreement and understands that non-compliance with any part of this agreement may constitute grounds for termination of the agreement and access to LEERS. This agreement allows the user access to LEERS and will be reviewed annually for compliance. Otherwise, it is effective until terminated.

USER AGREEMENT

Please read through this User Agreement thoroughly and follow the instructions. Applications are processed in the order they are received. If you have any questions please contact the LEERS Help Desk at (504) 593-5101 or LEERS@la.gov

User Agreement for LEERS Induced Termination of Pregnancy (ITOP) Registration

This agreement is between the Department of Health and Hospitals (DHH) and its predecessor agencies, and the user completing this agreement. This agreement sets forth the expectations for access to and use of the Louisiana Electronic Event Registration System in registering ITOP records. The terms "facility" include "clinics" and "hospitals" using the LEERS program to register ITOP records.

The user must complete this User Agreement and User ID Request Form before access to the LEERS program will be given.

The user will not disclose their assigned user ID or password to another individual. The user will not allow another user access to LEERS through their account.

Each user is responsible for all activity which occurs under the auspices of their user ID.

The user provided access to LEERS must comply with the "DHHIT Network Security Standards and Procedures" as provided by DHH at the signing of this agreement.

http://www.dhh.louisiana.gov/offices/miscdocs/docs-252/LEERS/LA%20DHHIT%20Network%20Security%20Standards%20and%20procedures.pdf

The user will not use or disclose any information contained in the LEERS program except to fulfill their obligations as an employee of stated facility or as required by applicable law.

User is agrees to enter and register ITOP reports in accordance with Louisiana Revised Statues (LA RS 40:63-66; 40:1299.10; LAC 48.V.45.123.12313).

DHH will provide technical assistance for LEERS.

Failure to comply with the User Agreement Requirements may result in **termination** of the agreement and access to LEERS.

SECTION 4 - SIGNATURES

SUPERVISOR STATEMENT

(Not required if user is physician or HIM Director)

I do hereby certify that I have discussed this agreement with the above named user and have explained that execution of this form is: (1) necessary for compliance with state and federal confidentiality guidelines, (2) Mandatory in order to perform functions of the user's position.

Phone Number:

Supervisor's Name (Print)

Date

Supervisor's Signature

USER STATEMENT

I certify that I have read and understand the User Agreement for LEERS. I agree to abide by this policy.

User's Name (Print)

Date:

User Signature

Submit this form by clicking the print button and obtaining signatures, then fax to: (504) 568-8716 Attn: LEERS Program.

Your User ID, password, temporary PIN (if applicable) will be emailed to the address provided on this form when your User ID is activated.